



CHANGE REPORT FORM

BEST BEGINNINGS CHILD CARE SCHOLARSHIP

Notify the CCR&R before, or within one (1) business day of, using a new child care provider.

A new scholarship cannot begin before a new certification plan is created with the new provider.

A Best Beginnings Child Care Scholarship family is required to **report any change that may affect eligibility to the Child Care Resource and Referral Agency (CCR&R)**; a report to any other office or agency does not satisfy this reporting requirement. A change that affects eligibility should be reported to the CCR&R as soon as possible; however, **the change must be reported within ten (10) days**. Please refer to the list of common changes found on the back of this form. Reporting all changes will help ensure receipt of the child care scholarship. Failure to report this information to the CCR&R will result in loss of the child care scholarship or, result in the parent's obligation to repay the child care scholarship. A change may be reported by mail, by fax or by delivering this form to the local Child Care Resource & Referral (CCR&R) agency. A parent may call the child care eligibility specialist to report a change, however, **the change must be confirmed in writing and signed by the parent**. A TANF participant may provide the CCR&R with a copy of an equivalent change report form, only if it contains all the information required for the child care scholarship program.

PLEASE CHECK ALL THAT APPLY:

- ☐ New child care provider (report before, or within one (1) business day)
 - ☐ *Report before using a new provider or within one (1) business day. A scholarship cannot begin until a certification plan is created with the new child care provider.*
- ☐ Change in employment of any member of your household
- ☐ Loss of employment to less than 60 hours per month for a single-parent family –or- less than 120 hours per month for a two-parent family
 - ☐ *If you lose your job, you may qualify for a grace period, if reporting within 10 days. Contact your CCR&R for a "Grace Period" application.*
- ☐ The addition or loss of a household member
- ☐ Change in mailing or residence address
- ☐ Change in school attendance
- ☐ Entering or leaving the TANF Program

CCR&R address and phone:

Use this space to describe the change; additional guidelines are on the back of this form.

END-DATE FOR OLD INFORMATION:

START-DATE FOR CHANGE:

IMPORTANT

This information is correct and complete to the best of my knowledge. I understand that the information provided may result in a change, or the end, of my child care scholarship. If the scholarship is reduced before the current child care certification plan ends, notice will be mailed 10 days before my scholarship is reduced.

**Please
Sign &
Date**

SSN:

Print Name:

Date:

Signature:

PLEASE INCLUDE THE FOLLOWING INFORMATION

CHANGE IN CHILD CARE PROVIDER - Report before using a new provider, or within one (1) day, and please include the following:

- Name of provider who will not be providing child care to your family
- Name of new child care provider
- Name of business (if applicable) of new child care provider
- Date that child care will begin for new provider
- Date that child care will end for old provider
- Attach the Child Care Service Plan Information from DPHHS (DPHHS-HCS/CC-015), completed by both the parent and the provider

CHANGE IN EMPLOYMENT OF ANY MEMBER OF THE HOUSEHOLD - Please include the following:

- Which member of the household is changing employment
- Name, address and telephone number of new employer
- Hourly wage
- How many hours per week you will be working
- If tips are received, estimate monthly amount
- Is this income expected to last 90 days or longer? Yes No If no, explain when income will end and why.
- Pay Dates
- Date of expected first paycheck

A LOSS OF EMPLOYMENT TO LESS THAN 60 HOURS PER MONTH FOR A SINGLE PARENT FAMILY –OR- LESS THAN 120 HOURS PER MONTH FOR A TWO PARENT FAMILY - Please include the following:

- Which member of the household lost their job
- Name of business they were employed
- Reason job ended (quit, fired, laid off, other). If you quit, please explain why.
- Last day of work
- Date final check received

AN ADDITION OR LOSS OF A HOUSEHOLD MEMBER - Please include the following:

- Name of person
- Relationship to you
- Date moved in and/or out
- If member entered household, include date of birth and social security number
- Attach any proof of income (if applicable)

CHANGE OF ADDRESS - Please include the following:

- New address, city, county, state, zip and phone number
- New mailing address if different from physical address

CHANGE IN SCHOOL ATTENDANCE - Please include the following:

- Name of student
- Date started school
- Date stopped school
- Name of school

PLEASE INCLUDE ANY OTHER CHANGE THAT MAY INFLUENCE YOUR BEST BEGINNINGS CHILD CARE SCHOLARSHIP ELIGIBILITY:

- Which member of the household
- End date of prior information
- Start date for new information